IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC ⊂ P.O. Box 19928 Alexandria, Virginia 22320 Telephone: (703) 836-6400 **V** Facsimile: (703) 836-2787

Attorney Docket No.: 116407

Date: August 28, 2003

MAIL STOP PATENT APPLICATION

Customer Number: 27049

NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)**

P.O. Box 1450

Alexandria, VA 22313-1450

Commissioner for Patents

Sir:

For (Title):

SINGLE-USE APPLICATORS FOR ADHESIVE MATERIAL, PACKAGING SYSTEMS,

METHODS OF USE AND METHODS OF MANUFACTURE

By (Inventors):

Upvan NARANG, Gabriel N. SZABO, and Jack GOODMAN

\boxtimes	Formal drawings (Figs. 11; 1-13 sheets) are attached.
	Use Figure for front page of Publication. A Declaration and Power of Attorney is filed herewith.
	This application claims benefit of Provisional Application No filed
ш	(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
\boxtimes	This patent application is assigned to <u>CLOSURE MEDICAL CORPORATION</u> .
	The executed Assignment is filed herewith.
	An Information Disclosure Statement is filed herewith.
	Entitlement to small entity status is hereby asserted.
\square	A Preliminary Amendment is filed herewith.
\sqcup	Priority of foreign application(s) No filed in is claimed (35 U.S.C. §119).
	A certified copy of the above corresponding foreign application(s) is filed herewith.
\sqcup	This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that
	the invention disclosed in this application has not been and will not be the subject of an application filed in another
F ZI	country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
\boxtimes	The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA		
BASIC FEE				
TOTAL CLAIMS	65 - 20	= 45*		
INDEP CLAIMS	2 - 3	= 0*		
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED				

* If the difference is less than zero, enter "0".

SMALL ENTITY				
RATE	FEE	<u>OR</u>		
	\$ 375	<u>OR</u>		
x 9=	\$	<u>OR</u>		
x 42 =	\$	<u>OR</u>		
+ 140 =	\$	<u>OR</u>		
TOTAL	\$	<u>OR</u>		
ng fee is attached. Except as of				

OTHER THAN A **SMALL ENTITY**

RATE	FEE
	\$ 750
x 18	\$ 810
x 84	\$
+ 280	\$
TOTAL	\$ 1560

 \boxtimes Check No. 145685 in the amount of \$1560 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

William P. Berridge Registration No. 30,024

Klifton L. Kime Registration No. 42,733

WPB:KLK/emt